

\$2137. Executive Lobbying Expenditure Report

**EXECUTIVE LOBBYING EXPENDITURE REPORT
FORM 507**

- COVERING JANUARY 1 - JUNE 30, ____ - DUE AUGUST 15
• COVERING JANUARY 1 - DECEMBER 31, 2007 DUE FEBRUARY 15

Mail to: The Board of Ethics, 3415 Quail Drive, Third Floor, Baton Rouge, LA 70808
OR
Fax to: (225) 763-8787 or (225) 763-8780

6286
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY

Postmark
Date 1/25/08

1. NAME Babin Noelle
Last First MI

NAME CHANGE _____
Last First MI

2. BUSINESS ADDRESS 16300 Bluff Road Raineyville LA 70769
Street and No. City State Zip

MAILING ADDRESS Same as above.
Street and No. City State Zip

3. BUSINESS PHONE 985-773-8430
Area Code and Phone Number

4. Total of all executive lobbying expenditures made January 1 through June 30: \$ 0
(Include expenditures from Schedules A and B)

5. Total of all executive lobbying expenditures made July 1 through December 30: \$ 27.12
(When Applicable) (Include expenditures from Schedules A and B)

6. Total of all executive lobbying expenditures made during calendar year: \$ 27.12
(Line 4 added to Line 5 should equal Line 6)

7. Did you make an expenditure exceeding \$50 on one occasion for an executive branch official:

From January 1 through June 30? • Yes • No
From July 1 through December 31? • Yes • No

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

8. Did you make expenditures exceeding the sum of \$250 for an executive branch official:

From January 1 through June 30? • Yes • No
From July 1 through December 31? • Yes • No

If the answer to either question in Number 8 above is YES, complete Schedule A and attach.

9. Did you expend funds for any reception, social gathering, or other function to which more than twenty-five executive branch officials were invited during this reporting period?

Yes • • No • •

If the answer to Number 9 above is YES, complete Schedule B and attach.

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EXECUTIVE LOBBYING EXPENDITURE REPORT

Executive Lobbyist Registration No.

10. PROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the department made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the department made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the department.

- 1) a. Name of Department: Medicaid Part
- b. Total of all expenditures made January 1 through June 30: \$ 0 -
- c. Total of all expenditures made July 1 through December 31: \$ 27.12
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ 27.12
- 2) a. Name of Department: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____
- 3) a. Name of Department: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____

11. PROVIDE BELOW (a) the name of the executive branch department and the individual agency as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the agency made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the agency.

- 1) a. Name of Department and Individual Agency: Medicaid Part
- b. Total of all expenditures made January 1 through June 30: \$ 0 -
- c. Total of all expenditures made July 1 through December 31: \$ 27.12
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ 27.12

- 2) a. Name of Department and Individual Agency: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31:
(When applicable) \$ _____
- d. Total of all expenditures made during the calendar year: \$ _____
- 3) a. Name of Department and Individual Agency: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31:
(When applicable) \$ _____
- d. Total of all expenditures made during the calendar year: \$ _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Noelle C. Babin

Signature of Lobbyist